



# Adjunct Faculty Application

PERSONAL INFORMATION							
Last Name		First Name		Middle			
Other names under which you have attended school or been employed							
Address 1							
Address 2							
City		State		ZIP		International Postal Code	
Primary Contact Number		Alternate Contact Number					
Other Contact Number		International Contact Number					
Email Address							
What date are you available to begin working?							
What type of employment are you seeking?							
Are you legally eligible for employment in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, will you require sponsorship to work at the Community College of Philadelphia?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, current age?				
Have you ever worked for the Community College of Philadelphia ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list the department and dates of employment				
If yes, please list reason for leaving							
Do you have any relatives who are currently employed by the Community College of Philadelphia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list the relative's name and department				
If required for position, do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list the state and expiration date				
If other, please list:							

**EDUCATION**

**Educational Institutions: Please enter your education history, starting with High School. Include Vocational School, College and Graduate School if applicable.**

High School				City, State		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		Degree	
Name of School				City, State		
Major			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Degree						
Name of School				City, State		
Major			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Degree						

**EMPLOYMENT HISTORY**

Employer Name				Category		
Position Held				Begin Date		
Major Job Responsibilities						
Supervisor Name				Supervisor Phone		
May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for Leaving			
Employer Name				Category		
Position Held				Begin Date		
Major Job Responsibilities						
Supervisor Name				Supervisor Phone		
May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for Leaving			

Employer Name		Category	
Position Held		Begin Date	
Major Job Responsibilities			
Supervisor Name		Supervisor Phone	
May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for Leaving

### REFERENCES

*Please list three professional references.*

Full Name		How do you know this reference?	
Phone		Email	
Full Name		How do you know this reference?	
Phone		Email	
Full Name		How do you know this reference?	
Phone		Email	

### ADDITIONAL INFORMATION

List any training, special skills or qualifications	
Please list professional licensures, credentials or certifications	
Publications including Masters' and Doctoral thesis: List title, publisher and dates of publication	
Educational and/or professional honors and awards	
Memberships in professional organizations	
Membership in community organization and/or activities, or community services performed	
Have you ever been removed or dismissed from any position? If yes, explain:	

**VOLUNTARY DEMOGRAPHIC INFO**

Gender	
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Are you Hispanic or Latino?	
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Optional race category	American Indian/Alaska Native <input type="checkbox"/>	African American <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	Caucasian <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Other <input type="checkbox"/>
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I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION AND THE INFORMATION CONTAINED IN ALL OTHER DOCUMENTS I HAVE SUBMITTED IN SUPPORT OF MY APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT COMMUNITY COLLEGE OF PHILADELPHIA MAY VERIFY THE INFORMATION I HAVE FURNISHED.

I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION, OMISSION, OR FALSIFICATION OF INFORMATION PROVIDED CONSTITUTES GROUNDS FOR IMMEDIATE DISMISSAL AND MAY DISQUALIFY ME FROM EMPLOYMENT AT COMMUNITY COLLEGE OF PHILADELPHIA.

I AUTHORIZE COMMUNITY COLLEGE OF PHILADELPHIA TO MAKE INQUIRIES REGARDING MY EDUCATION, WORK EXPERIENCE, REFERENCES, CREDIT AND CRIMINAL HISTORY. I UNDERSTAND THAT ANY JOB OFFER OR SUBSEQUENT EMPLOYMENT MAY BE CONDITIONED ON THE COLLEGE'S RECEIPT OF A SATISFACTORY BACKGROUND INQUIRY. I AGREE TO COOPERATE IN SUCH INQUIRY AND UNDERSTAND THAT PROVIDING MISLEADING INFORMATION MAY RESULT IN DISQUALIFICATION AND/OR TERMINATION.

BY ELECTRONICALLY SUBMITTING THIS APPLICATION, I CERTIFY THAT I HAVE READ AND AGREE WITH THESE STATEMENTS AND CONDITIONS.

IN ORDER FOR YOUR APPLICATION TO BE REVIEWED FOR THIS POSITION, PLEASE ANSWER THE SUPPLEMENTAL QUESTIONS AND CHECK THE CERTIFY STATEMENT ABOVE.

I CERTIFY THAT I HAVE READ AND AGREE WITH THESE STATEMENTS.

Applicant Signature		Date	
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